

CONFINEMENT PREPAREDNESS & IMPLEMENTATION

GUIDELINE for ESTABLISHING EFFECTIVE POLICIES, PROCEDURES & PRACTICES

For legal confinement of persons
with suspect or confirmed
INFECTIOUS or HIGH RISK TUBERCULOSIS
who do not voluntarily adhere to measures necessary
to protect the health of the public

This guideline has been developed by the Wisconsin Department of Health and Family Services as an optional tool to assist local health departments and needs to be adapted according to each local health department's needs. Because it is not possible for any guideline to address all potential situations for individuals, clinical judgement must always be exercised. This guideline is written with the competent adult in mind and must also be adjusted accordingly for other individuals. All other legal requirements must be followed to ensure "due process" and all laws pertaining to minors and/or persons with guardians are to be followed when implementing these guidelines.

When federal regulations, state statutes, administrative rules or CDC endorsed guidelines pertaining to Tuberculosis are revised, the Division of Public Health will notify local health departments of the availability of these resources. Local health departments need to update their policies, procedures and practices accordingly to remain consistent with ongoing changes in legal requirements and tuberculosis care, for both the health of the affected individuals and the health of the general public.

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GUIDELINE for ESTABLISHING EFFECTIVE PRACTICE	Reviewed/Revised:
Confinement Preparedness & Implementation; For legal confinement of Individuals with SUSPECT, CONFIRMED or HIGH-RISK TUBERCULOSIS, who do not voluntarily adhere to isolation/airborne precautions	_____

Health Department	Signatures _____ Dates _____
Original Effective Date _____ Approved by _____	

GUIDELINE for POLICY DEVELOPMENT

Terms and Definitions:

“Local health officer confinement (72-hour)” refers to the provisions in Wis. Stats. 252.07(8) which gives local health officers the authority to order the confinement to a facility of an individual with infectious tuberculosis or suspect tuberculosis under certain conditions. This provision is used to immediately confine an individual who poses an imminent and substantial threat to him or herself or to the health of the general public. This confinement will enable the local health officer to confine an individual for up to 72-hours while proceeding with a petition for court-ordered confinement.

Local health officer confinement (72-hour) will be used in circumstances such as these:

- An individual with infectious tuberculosis was ordered to remain isolated, but violates the isolation order by going to work, school, bar, etc.
- An individual with suspect tuberculosis has refused to undergo a medical examination to confirm whether the individual has infectious tuberculosis and is about to leave town.
- An individual with infectious tuberculosis is endangering his or her health and/or the health of others by failing to follow a prescribed treatment regimen, especially medications & isolation or is assessed to have great potential to leave or otherwise drop out of treatment, thus creating a threat to the health of the public.

“Court-ordered confinement” refers to the provisions in Wis. Stats. 252.07(9) in which the department or local health officer may petition any court for a hearing to order an individual with infectious or suspect tuberculosis who is to be confined for longer than 72 hours under certain conditions. The petition may be submitted for an individual already confined under a local health officer confinement (72-hour) or it may be used alone. Court-ordered confinement continues until treatment is complete or the individual is no longer considered a substantial threat to public health. At that time, the health department officially releases the person and he/she is free to move about the community if willing and committed to continue any necessary treatment.

Court-ordered confinement will be used in circumstances such as these:

- An individual under local health officer (72-hour) confinement remains a substantial or potential threat and must remain confined to protect the health of the public
- An individual with extra-pulmonary tuberculosis fails to comply with a prescribed treatment regimen and is at high risk of developing infectious tuberculosis
- An individual’s tuberculosis is demonstrated to be resistant to the prescribed medication, no other medication to treat the resistant disease is available and the person is not adhering to the necessary medical treatment.

“High-risk tuberculosis” means the person’s tuberculosis infection is highly likely to result in active disease and may easily become infectious.

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“Airborne precautions” means measures designed to reduce the risk of airborne transmission of infectious agents such as *M. tuberculosis*.

“Isolation Room for airborne precautions” means the room must vent directly outside and have a minimum of six to twelve air exchanges per hour of non-recirculated or HEPA-filtered air. The ventilation system that includes the isolation room should be designed and maintained by a professional with expertise in engineering or by consultation with a person with such expertise.

Purpose:

The purpose of this policy is to provide for the legal confinement of persons who are known or thought to have infectious or high-risk tuberculosis who do not voluntarily adhere to isolation/airborne precautions, refuse medical evaluation or refuse to follow a medical treatment regimen and pose a substantial threat or potential threat to themselves or others. This policy allows for the initiation of procedural steps for health officer *or* court-ordered *confinement at any time* during the continuum of the person’s care.

Persons Affected/Responsible:

This policy will be carried out by _____ under the direction of the
health officer of the _____ health department.
(List staff positions affected)
City/County

SUGGESTED POLICY LANGUAGE:

The health department will require all persons with suspect or confirmed infectious or high-risk tuberculosis to exercise all reasonable precautions to prevent the spread of infection to others. If persons can be safely maintained in their home environment without a danger to the health of the public, and they agree to voluntarily adhere to the necessary health measures, the health department will facilitate and support this. When management in the home is not possible due to environmental or family risk issues, the health department will facilitate the person’s voluntary placement to a setting that offers proper airborne precautions. Legal confinement is used as a last resort only.

When voluntary measures are not workable, the local health officer will order confinement for up to 72 hours, excluding weekends and holidays. If the home environment is suitable, this confinement can be at home or, if it is not, the confinement will be to a location or facility with a negative pressure isolation room that provides for adequate airborne precautions. (See definition.) Confinement for confirmed or suspect infectious or high-risk tuberculosis may be used if the health officer determines that the individual poses an imminent and substantial threat to himself/herself or to the health of the public, or has refused to undergo a medical examination, or has refused to follow a prescribed treatment regimen. The health officer will petition the court to order confinement of any individual with suspect or confirmed tuberculosis for care longer than 72 hours, if the individual terminates the treatment plan against medical advice or is non-compliant with the treatment plan, or if the Health Officer decides that confinement is necessary to protect others from becoming infected. (*Wisconsin Statute Chapter 252.07(8); 252.07(9)*)

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In order to prevent the transmission of tuberculosis to uninfected persons, the health department will utilize local health department legal counsel and will work collaboratively with local medical providers, hospitals, nursing homes and others in the community to ensure readiness and prompt confinement of individuals who are infectious or potentially infectious and are not agreeable to voluntary isolation, medical evaluation or medical treatment. The health department's administration, public health nursing personnel and tuberculosis nursing personnel will work closely with the Wisconsin Division of Public Health Tuberculosis Program, the Wisconsin Public Health Regional Offices and, if necessary, the State of Wisconsin Health Officer if assistance is needed to facilitate confinement to protect the general health of the public.

If a person is placed within the jurisdiction of another health department for temporary care, the original health department retains responsibility for the person. This can be implemented by agreements between health departments to share services and resources appropriately and effectively.

Legal Authority:

The local health officer has authority under Wisconsin Statute Chapter 252.07(8) and 252.07(9).

References

1. American Thoracic Society. **Diagnostic Standards and Classification of Tuberculosis in Adults and Children**. April, 2000
2. American Thoracic Society. **Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection**. April, 2000
3. California Department of Health Services and Executive Committee of the California Tuberculosis Controllers Association. **Guidelines for the Placement or Return of Tuberculosis Patients into High Risk Housing, Work, Correctional, or In-Patient Settings**. 1997.
4. Centers for Disease Control and Prevention. **Core Curriculum on Tuberculosis**; Fourth Edition, 2000.
5. Centers for Disease Control and Prevention. **Improving Patient Adherence to Tuberculosis Treatment**. 1994.
6. Centers for Disease Control and Prevention. **Guideline for Isolation Precautions in Hospitals**, January 1996.
7. Francis J Curry National Tuberculosis Center, Institutional Consultation Services. **Isolation Rooms: Design, Assessment and Upgrade**. 1999.
8. National Tuberculosis Controllers Association. **Tuberculosis Nursing: A Comprehensive Guide to Patient Care**, 1997.
9. North Carolina Division of Epidemiology, Department of Health and Human Services. **North Carolina Tuberculosis Policy Manual**. 1997.
10. Wisconsin Department of Health and Family Services. **Wisconsin Administrative Rule, Control of Communicable Diseases**, Chapter 145.
11. Wisconsin Division of Public Health. **Infection Control Plan for Local Health Departments** (developed as a template for local health departments). 1998.
12. Wisconsin Division of Public Health. **Tuberculosis Infection Control Plan** (developed as a template for county jails). 1998.
13. **Wisconsin Statutes, Communicable Diseases; ss. 252.06 – 252.07; 1997-98.**

GUIDELINE for ESTABLISHING EFFECTIVE PRACTICE	Reviewed/Revised:
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Health Department	Signatures _____ Dates _____
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GUIDELINE for PROCEDURE DEVELOPMENT

Terms and Definitions:

“Local health officer confinement (72-hour)” refers to the provisions in Wis. Stats. 252.07(8) which gives local health officers the authority to order the confinement to a facility of an individual with infectious tuberculosis or suspect tuberculosis under certain conditions. This provision is used to immediately confine an individual who poses an imminent and substantial threat to himself or herself or to the health of the general public. This confinement will enable the local health officer to confine an individual for up to 72-hours while proceeding with a petition for court-ordered confinement.

Local health officer confinement (72-hour) will be used in circumstances such as these:

- An individual with infectious tuberculosis was ordered to remain isolated, but violates the isolation order by going to work, school, bar, etc.
- An individual with suspect tuberculosis has refused to undergo a medical examination to confirm whether the individual has infectious tuberculosis and is about to leave town.
- An individual with infectious tuberculosis is endangering his or her health and/or the health of others by failing to follow a prescribed treatment regimen, especially medications & isolation or is assessed to have great potential to leave or otherwise drop out of treatment thus creating a threat to the health of the public.

“Court-ordered confinement” refers to the provisions in Wis. Stats. 252.07(9) in which the department or local health officer may petition any court for a hearing to order an individual with infectious or suspect tuberculosis is to be confined for longer than 72 hours under certain conditions. The petition may be submitted for an individual already confined under a local health officer (72-hour) confinement or it may be used alone. Court-ordered confinement continues until treatment is complete or the individual is no longer considered a substantial threat. At that time, the health department officially releases the person and he/she is free to move about the community if willing and committed to continue treatment.

Court-ordered confinement will be used in circumstances such as these:

- An individual under local health officer confinement (72-hour) remains a substantial or potential threat and must remain confined to protect the general health of the public
- An individual with extra-pulmonary tuberculosis fails to comply with a prescribed treatment regimen and is at high risk of developing infectious tuberculosis
- An individual’s tuberculosis is demonstrated to be resistant to the prescribed medication, no other medication to treat the resistant disease is available and the person is not adhering to the necessary medical treatment.

“Airborne precautions” means measures designed to reduce the risk of airborne transmission of infectious agents such as *M. tuberculosis*.

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“Isolation Room for airborne precautions” means the room must vent directly outside and have a minimum of six to twelve air exchanges per hour of non-recirculated or HEPA-filtered air. The ventilation system that includes the isolation room should be designed and maintained by a professional with expertise in engineering or by consultation with a person with such expertise.

Purpose:

The purpose of this procedure is to guide staff in the necessary advance preparations and to also provide guidance in implementing the actual process of legal confinement when it must be implemented. This legal confinement is done only when persons who are known or thought to have infectious tuberculosis do not voluntarily adhere to isolation/airborne precautions, refuse medical evaluation, or refuse to follow a medical treatment regimen and pose a threat or potential threat to others.

Persons Affected/Responsible:

This procedure will be carried out by _____ under the direction of the
(List staff positions affected)
health officer of the _____ health department.)
City/County

SUGGESTED PROCEDURE LANGUAGE

STAGE ONE - PRE-PLANNING FOR CONFINEMENT PREPAREDNESS:

A. Ensure appropriate facility(s) is (are) available that will provide the proper care and treatment of confined individuals.

1. Identify potential locations in advance that may be utilized for confinement (hospitals, nursing homes, county facilities, other community providers or correctional facilities for those who are under arrest, or are convicted of crimes.)

(Note related policy statement: “If a person is placed within the jurisdiction of another health department for temporary care, the original health department retains responsibility for the person.”)

- a. For infectious individuals, ensure that the location has a negative pressure room that meets requirements for isolation of infectious tuberculosis patients (minimum of six to twelve air changes per hour, vented outside with non-recirculating air, or with HEPA-filtered air) and a tuberculosis infection control plan that ensures competency in carrying out isolation/airborne precautions.
Refer to Sample Form 1 . Facility Review Form.
- b. For individuals who are at high risk but not known to currently be infectious; determine that the facility is able to meet care and treatment needs, *including if they become infectious.*
- c. Contact administrators of potential locations and/or community leaders in advance to develop a joint community education and preparedness plan.

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- d. Explain the health department's responsibility regarding tuberculosis and how facility, provider and community assistance and readiness is needed in order to protect everyone in the community in the case of active tuberculosis.
- e. Provide education, including copies of pertinent portions of the Wisconsin Statutes and Rules and pertinent TB educational materials. (See References list; request assistance from WI TB Program if indicated)
- f. Schedule a meeting(s) with administrators and appropriate staff, especially social services, nursing, infection control and education staff.
- g. Discuss and secure an agreement, contract or memo of understanding (MOU) for placement of individuals in need of isolation/confinement. *[Refer to Sample Form 2 - Sample Agreement/MOU for Placement of Persons with Suspect or Confirmed Tuberculosis.]*

B. Secure law enforcement services and support.

1. Discuss with law enforcement and the facility the availability of resources, the role of security and how to implement airborne precautions in transporting individuals about the community, such as, to and from the court hearing and the medical facility.
2. Provide education to all personnel about the necessary precautions. Include information regarding the fact that prolonged close contact is necessary for the transmission of TB and that persons with normal immune systems are not *highly* vulnerable to TB. *(Seek assistance from the WI TB Program if indicated.)*
3. Discuss with law enforcement and the facility the role of security and ensure the availability, and funding for posted guards at the location, should this become necessary. This may need to be arranged by a contract or MOU *(Also see Section C. on cost assessments.)*
4. Ensure that law enforcement and/or the facility security personnel have an infection control plan and that they provide education in the precautions necessary to protect staff and others from TB transmission.
5. Provide or assist with education as needed. *(Seek assistance from the WI TB Program for your educational efforts as needed.)*

C. Assess costs associated with confinement and determine sources of payment per Wis. stats. 252.06 (10) and 252.07(10). If the person is placed in the jurisdiction of another health department, the original health department retains responsibility for services and costs. Health departments may reach agreements about the logistics of providing care and services effectively and efficiently.

1. Determine which third party payors may be appropriate for potential clients in your community including how to expedite regular MA eligibility determinations. Resolve potential third party payor issues early to foster acceptance of the affected person by medical and institutional providers.

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- a.) To provide for persons with potential for Medicaid or other third party coverage, each health department should plan ahead and problem-solve with the County Social Services department to determine how to expedite eligibility and presumed eligibility determinations and the streamlining of the Medicaid application process. This is especially important for those who will require acute or inpatient care/treatment.
(The Tuberculosis Medicaid (TBMA) benefit covers only non-institutional services.)
 - b.) If the Social Services Department staff will provide direct services to infectious clients, provide infection control/airborne precautions education, personal protective equipment, and fit-tests if needed.
 - c.) Include education and reassurance of the need for close, prolonged contact for transmission when the immune system is intact to ensure that they will deal with the client in a positive manner while still protecting themselves adequately
 - d.) See Section 4. for accessing funding for persons without a third party payor.
2. Expenses for necessary medical care, food and other articles needed for the care of the infected person shall be charged against the person or whoever is liable for the person's support.
 3. The county or municipality in which a person with a communicable disease resides is liable for the following costs accruing under this section, unless the costs are payable through 3rd-party liability or through any benefit system:
 - ☐ The expense of employing guards.
 - ☐ The expense of enforcing isolation in the confinement area.
 - ☐ The expense of conducting examinations under the direction of the health officer.
[WI Stats. 252.06(10)(b)]
 4. For inpatient care of isolated pulmonary tuberculosis patients, and inpatient care exceeding 30 days for other pulmonary tuberculosis patients, that is not covered by Medicare, Medical Assistance or private insurance, reimbursement may be requested from the department. Details must be worked out with the Wisconsin Tuberculosis Program.

STAGE TWO – IMPLEMENTATION OF HEALTH OFFICER CONFINEMENT PROCEDURE

LOCAL HEALTH OFFICER CONFINEMENT (72-HOUR)

A. Determine if 72-hour confinement is necessary.

1. Review circumstances with the health officer. All of the following conditions must be ***documented and met:***
 - ☐ Medical diagnosis of infectious tuberculosis or suspect tuberculosis.
 - ☐ Refusal to follow prescribed treatment regimen or refusal to undergo a medical examination to confirm whether the individual has infectious tuberculosis.
 - ☐ Documented evidence that the individual poses an imminent and substantial threat to himself or herself or to the health of the general public and exactly why.

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2. Promptly alert the health department's legal entity, discuss the situation and collaboratively facilitate legal documentation and preparations for court ordered confinement.
3. Consult with the Wisconsin Tuberculosis Program regarding the need for isolation/confinement whenever necessary. There is also a Communicable Disease Epidemiologist of the Division of Public Health staff available after-hours to receive **emergency** calls at **608-258-0099**. Non-emergency calls, including calls to report a case of active tuberculosis are taken during regular business hours, 7:45 AM to 4:30 PM, Monday through Friday except holidays. *[See sample forms for court actions and further procedural details below.]*
4. Order and enforce the confinement.
 - a. Confinement may be to the person's home if it is safe to do so. If confinement is not possible at home, order the confinement to a facility or other safely secured isolation location, without shared air, if all of the following conditions are met and documented: Wis. Stats. 252.07(8): *[See Sample Form 3 – Health Officer Isolation/Confinement Order]*
 - b. The health officer notifies the court in writing of the need for a court-ordered confinement including the attachment of the following **documented** evidence:
 - ☐ **A written statement** from a physician that the individual has infectious tuberculosis or suspect tuberculosis.
 - ☐ **Documented evidence** that the individual refuses to follow a prescribed treatment regimen, or
 - ☐ In the case of an individual with suspect tuberculosis, **documented refusal** to undergo a medical examination to confirm whether the individual has infectious tuberculosis, or,
 - ☐ In the case of an individual with a confirmed diagnosis of infectious tuberculosis, the local health officer provides a **written determination** that the individual poses an imminent threat to himself or to herself or to the health of the general public (e.g. failure to follow isolation order or failure to take medications).
 - c. Make necessary safe transportation arrangements and notify designated facility or location of the individual's impending arrival and ensure the availability of a negative pressure/airborne precautions room. *(All determined in advance by pre-planning and MOU development per Stage One of procedure)*
 - d. Provide the necessary medical and clinical information for the facility to assure proper care of the person and to facilitate them obtaining admission physician's orders. Physician to physician communication may expedite smooth transition, especially if a different physician will be caring for the person in the health care facility or location.
 - e. If necessary, a law enforcement officer, or other person authorized by the local health officer, shall transport the individual to a facility

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- f. Educate persons about the necessary respiratory precautions to be followed so that appropriate respiratory precautions and infection control procedures can be followed in order to protect the health of the public, including during transport.

STAGE THREE - COURT-ORDERED CONFINEMENT, beyond 72 hours

- A. **Determine whether the local health officer confinement (72-hour) is successfully in effect and if court-ordered confinement should be established.** Take care to ensure the person is given due process and that you have documented their receipt of all of the appropriate information to that they are given due process.

[Refer to Wis. Stats. 252.07(9)]

1. Notify legal counsel of current status of the person and determine the next appropriate legal actions for court-ordered confinement. *(Note that they are to be alerted earlier, at Stage Two and have already begun legal preparations.)*
2. Prepare court petition for confinement per Wis. Stats. 252.07(9) with assistance from legal counsel.
3. Secure a hearing date & time. Petition should include all of the following and copies of all documented evidence must be attached to petition:
[Refer to Sample Form 4. Sample Health Officer Petition for Court-ordered Confinement.]
 - a. *Documentation of the medical status* of the individual named in the petition, for instance:
 - ☐ The individual has infectious tuberculosis; or
 - ☐ The individual has noninfectious tuberculosis but is at high risk of developing infectious tuberculosis; or
 - ☐ The individual's tuberculosis is resistant to the medication prescribed; or
 - ☐ The individual is suspected of having infectious tuberculosis.
 - b. *Documented evidence* that the individual has failed to comply with the necessary isolation and/or medical regimen or is assessed to be at great risk of elopement or nonadherence to medical evaluation or treatment, or
 - c. *Demonstration and documentation* that all other reasonable means of achieving voluntary compliance have been exhausted and no less restrictive alternative exists; or that no other medication or treatment for the resistant disease is available, including evidence such as:
 - ☐ Evidence of the provision to the client of an original isolation order signed by the health officer before proceeding with court action, including date, time and place of service.
 - ☐ Documentation of violation of the isolation orders or other adherence issues.
 - ☐ Circumstances surrounding the violation or risk of violation of the isolation order.

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B. Petition the court to order the individual confined.

1. The local health officer shall give the individual written notice of a hearing at least 48 hours before a scheduled hearing is held per Wis. Stats. 252.07(9)(b).
[Refer to Sample Form 5. Sample Written Notice of Hearing.]
 - a. Notice of the hearing shall include:
 - b. The date, time, and place of the hearing.
 - c. The grounds, and underlying facts, upon which confinement of the individual is being sought.
 - d. An explanation of the individual's rights to due process (i.e., right to appear at the hearing, the right to present evidence and cross-examine witnesses and the right to be represented by counsel).
 - e. The proposed actions to be taken and the reasons for each action.
 - f. Provide instructions in the precautions the individual must take if appearing in person at the hearing and facilitate the necessary precautions/equipment for them.

C. Prepare for hearing.

1. Determine if the person will be present during court hearing.
 - a. A hearing may be conducted by telephone or live audiovisual means, if available. Wis. Stats. 252.09(9)(d).
 - b. If the person attends the hearing, the health department must provide instructions and facilitate proper infection control measures.
2. Work with legal counsel to determine who will prepare a court order. The order should address the following: *[Refer to Sample Form 6. Court Confinement Order.]*
 - ☐ Need for court-ordered care and treatment, which may include: medical examination, diagnostic tests, drug regimen, directly observed therapy, etc.
 - ☐ Need to place individual in least restrictive protective setting, which may include : home, hospital, nursing home, or other facility or location. A jail setting should be used only as a last resort or for individuals with convicted or pending criminal offenses.
3. Notify designated facility of pending placement and inform them about the person so they can develop an initial care plan, provide care based on the person's needs and facilitate initial physician's orders. *(As pre-arranged through MOU prepared in advance during Stage One.)*
4. Ensure the transfer of the necessary medical information appropriately to those who need to provide care while following appropriate patient privacy and confidentiality measures.

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5. Determine who needs to be available for testimony, contact them to ensure their availability and arrange for the necessary participants in the hearing as advised by counsel.

D. Order is issued by court and served by Health Officer or Designee.

(See Sample Court Confinement Order, Form 6.)

1. An order issued by the court may be appealed as a matter of right. An appeal shall be heard within 30 days after the appeal is filed. An appeal does not stay the order.
[Wis. Stats. 252.07(9)(e)]
2. If the individual is confined for more than 6 months, the court shall review the confinement every 6 months. [Wis. Stats. 252.07(9)(c)]
3. Facilitate the necessary transportation arrangements and notify waiting facility of the individual's impending arrival. Ensure that they have been prepared and informed of precautions to be taken and are updated about the care needs of the person.
4. Monitor, evaluate and intervene as needed during continuing care.

E. The health officer or designee will work with the health care provider and the facility's professional staff to assure that the individual's care and treatment needs are being met.

1. A representative from the local health department will visit the individual as often as necessary to ascertain that the confinement or isolation is being maintained and shall monitor all individuals with infectious tuberculosis until treatment is successfully completed. *[Local Health Department may decide minimum visit frequency if desired; statutory requirement is not prescriptive; health officer **remains responsible**.]*

F. Determine when confinement is no longer necessary.

1. Determine whether treatment is complete, the person is no longer infectious or is now willing to participate in a medical evaluation, the current treatment and/or isolation/airborne precautions.
2. To determine that the individual is no longer a substantial threat to himself or herself or to the health of the general public, **all** of the following conditions must be met: *[Refer to HFS 145.]*
 - ☐ An adequate course of chemotherapy has been administered for a minimum of 2 weeks, **and**
 - ☐ There is evidence of clinical improvement, **and**
 - ☐ Recent sputum or bronchial secretion smears are free of acid-fast bacilli from three different specimens obtained on three different days, **and**
 - ☐ The person is considered by the local health officer or the department not to be a threat to public health and likely to comply with the remainder of the treatment regimen.

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- G. Consult with health care provider and/or health care facility to ensure that a coordinated discharge plan will be implemented that includes post-confinement/follow up care, referral to the _____ Health Department and a phone call to alert the health department of the _____
City/County person's discharge. *(Should also be spelled out in the MOU)*
- H. Continue case management and follow up care until prescribed therapy is completed and continue to work closely with the Wisconsin Tuberculosis Program for case reviews.

References

14. American Thoracic Society. **Diagnostic Standards and Classification of Tuberculosis in Adults and Children**. April, 2000
15. American Thoracic Society. **Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection**. April, 2000
16. California Department of Health Services and Executive Committee of the California Tuberculosis Controllers Association. **Guidelines for the Placement or Return of Tuberculosis Patients into High Risk Housing, Work, Correctional, or In-Patient Settings**. 1997.
17. Centers for Disease Control and Prevention. **Core Curriculum on Tuberculosis**; Fourth Edition, 2000.
18. Centers for Disease Control and Prevention. **Improving Patient Adherence to Tuberculosis Treatment**. 1994.
19. Centers for Disease Control and Prevention. **Guideline for Isolation Precautions in Hospitals**, January 1996.
20. Francis J Curry National Tuberculosis Center, Institutional Consultation Services. **Isolation Rooms: Design, Assessment and Upgrade**. 1999.
21. National Tuberculosis Controllers Association. **Tuberculosis Nursing: A Comprehensive Guide to Patient Care**, 1997.
22. North Carolina Division of Epidemiology, Department of Health and Human Services. **North Carolina Tuberculosis Policy Manual**. 1997.
23. Wisconsin Department of Health and Family Services. **Wisconsin Administrative Rule, Control of Communicable Diseases**, Chapter 145.
24. Wisconsin Division of Public Health. **Infection Control Plan for Local Health Departments** (developed as a template for local health departments). 1998.
25. Wisconsin Division of Public Health. **Tuberculosis Infection Control Plan** (developed as a template for county jails). 1998.
26. **Wisconsin Statutes, Communicable Diseases; ss. 252.06 – 252.07; 1997-98.**

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Sample Form 1.

FACILITY REVIEW FORM

Facility Name _____
Address _____ Phone # _____
Administrator Name _____ Date _____

I. Facility follows a written current infection control program that includes the following control measures: Yes No

(Check all items below that are present, comment as needed.)

A. Administrative control measures include the following:

- ☐ Prompt isolation/airborne precautions for infectious cases _____
- ☐ Health care worker training, education & competency _____
- ☐ A person(s) assigned responsibility for TB control _____
- ☐ Early detection plan for suspect tuberculosis cases _____
- ☐ A timely diagnostic evaluation of suspected TB _____
- ☐ Review/Quality Assurance for TB patient medical records _____
- ☐ Periodic risk assessment _____
- ☐ Health care worker counseling and screening _____

B. Engineering Controls include the following:

- ☐ Negative pressure room(s) with a minimum of 6 to 12 air exchanges per minute vented to the outside or well-functioning HEPA Filtering system in place _____
- ☐ Effective monitoring and maintenance of negative pressure rooms is in place _____

C. Personal Respiratory Protection Plan includes the following:

- ☐ A respiratory protection program that teaches health care workers how, when and where to use personal respirators _____
- ☐ Precautions to prevent airborne transmission of TB during and immediately after procedures that stimulate coughing _____

D. A Discharge Planning Procedure that includes the following:

- ☐ Treatment plan _____
- ☐ Follow-up care _____
- ☐ Discharge planning with the health department and notification of impending discharge _____

II. Facility has an appropriate Infection Control Plan in place and the apparent resources to implement it. Yes • No • Comments: _____

Signature _____

Date _____

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Sample Form 2 – (MOU) *(Suggested language; may place on letterhead.)*

SAMPLE AGREEMENT FOR PLACEMENT OF PERSONS WITH SUSPECT OR CONFIRMED TUBERCULOSIS IN NEED OF CONFINEMENT

This agreement is made and entered into on the _____ of _____, _____
Day Month Year

by and between _____
Institution/Facility Name

and the _____ Health Department.
City/County

The purpose of this agreement is to work collaboratively to ensure appropriate care and placement or confinement of persons with suspect or confirmed tuberculosis who must be isolated or confined to prevent others from becoming infected.

SCOPE OF SERVICES

The _____ will
Institution/Facility Name

admit persons with suspect or confirmed tuberculosis who need care and treatment in order to protect the health of others in the community. The individuals will immediately be separated from other people in a negative pressure room and isolation/airborne precautions will be instituted and followed. They will continue in isolation/airborne precautions until the Health Officer determines that the disease is no longer infectious. Only the necessary infection control policies, procedures and practices will be implemented and they will be sustained only as long as necessary. Attention will be given to the person by the facility and the health department to preserve the person's psychosocial well being and to mitigate the potential negative effects of isolation/confinement. They will revert to standard precautions when the local health department health officer notifies the facility that the person is no longer infectious based on laboratory/medical evidence that is satisfactory to the Health Officer for confirmation.

I, _____ agree to work collaboratively with the local health
Administrator's Signature

department's public health staff to ensure care and treatment plans are implemented that will meet the person's need for tuberculosis treatment and to protect the health of the public. I agree to bill all third party payers or any benefit system for services provided. I agree to consult with the health department's public health staff regarding treatment plans, discharge planning and follow-up care after release from isolation/confinement. Liaison with the health department will be through

Liaison's Name, Title and Phone Number

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The _____ Health Department

City/County

will immediately notify the facility's administrator of imminent isolation/confinement of an individual with suspect or confirmed tuberculosis and work with the facility for smooth transition. All clinical information remains confidential; sufficient information will be given to enable the facility to prepare in advance for the admission or potential admission of the person.

The county or the municipality in which a person with a communicable disease resides is liable for the costs specified under WI. Stats. 252.06(10)(b).

I, _____, agree to provide copies of Wisconsin statutes and
Health Officer's Signature
rules governing tuberculosis and any pertinent guidelines, references and training as requested.

I agree to provide assistance to enforce confinement orders if necessary and to fund and support the posting of guards should this be deemed necessary.

I agree to, or my designee will, visit on a regular basis to offer assistance and to ascertain that isolation/confinement is being maintained. Additional education will be provided as necessary.

Public Health staff will monitor the medical progress and laboratory results on an ongoing basis to determine when the person can be released from isolation/airborne precautions/confinement. Ongoing liaison with the treating physician and the facility staff will be maintained, as well.

The Health Officer will notify the person, the facility and the physician when it is safe to release the person from airborne precautions/isolation/confinement and allow them to move freely about the community. The health officer will determine this for the person in isolation/confinement under WI Stats. 252.07(8) or 252.07(9). This determination will be in concurrence with the treating physician and will be based on medical and laboratory evidence that meets all of the conditions specified in HFS 145.10. If the person needs confinement for more than six (6) months, the court shall review the confinement every six (6) months.

The health department personnel will participate in and provide consultation regarding development of protocols, care plans, and discharge plans for the patient. Liaison will be through

Public Health Nurse /TB Nurse Name

Title

Phone Number

This Agreement is complete and valid as of the above date. Either party may terminate this agreement at any time at their sole discretion by delivering 30 days written notice to the other party. Any patient or resident notices must follow all applicable federal and state requirements.

By _____
Administrator's Signature

Date ____/____/____
Month/Day/Year

By _____
Health Officer Signature

Date ____/____/____
Month/Day/Year

Confinement Preparedness & Implementation

Sample Form 3 – Health Officer Confinement Order

(Suggested language, may place on health department stationery)

To: (Individual's Name, Address and Date of Birth)

I, _____, Health Officer for _____, have been

(Local Health Officer)

(City/County)

informed that you have [suspected or confirmed](*select one*) [active – infectious] (*select one, both or none*) tuberculosis [disease -- infection] (*select one*), and there is a risk that you could transmit this disease to others in the community. (*If the person is being confined for infection because they are refusing treatment and pose a public health risk due to likelihood of breaking down with active, infectious disease, state that clearly here.*)

(Fill in confirmed supportive data, do not leave any blanks, remove areas that are not known. Provide complete supporting documentation including medical information from the physician.)

I [have confirmed or suspect] (*select one*) that you have tuberculosis on the basis of [a positive tuberculin skin test (____mm) placed on _____, a _____ specimen that is smear positive for acid fast bacilli collected on _____, a _____ specimen culture taken on _____ that is positive for *M. tuberculosis*, chest x-ray(s) done on _____ that show _____, which may indicate active tuberculosis disease.]

Wisconsin laws, specifically state statutes 252.06 and 252.07(8) and 252.07(9) regulate the control of infectious tuberculosis. Tuberculosis control is further regulated by Wisconsin Administrative Rule HFS 145.09(2). No person with infectious tuberculosis may be permitted to attend any public gathering or be in any public work place. It is necessary for the protection of the health of the public that you follow a specific plan of medical management for your disease, including taking medications. You need to abide by this confinement order to protect others from becoming infected by sharing the same air with you while you are infectious or at great risk of becoming infectious.

In light of my legal obligation to protect public health, you are ordered to:

- ☐ Remain in _____.
- ☐ Have no contact with people outside of _____.
- ☐ Have no other person enter _____ except my designated representatives or any selected people who receive training and have special written consent from my office.
- ☐ Remain in _____ until I notify you that I have medical verification that you are no longer a risk to the health of the public and I release you from isolation/airborne precautions/confinement.

Arrangements for medical appointments will be made by _____.

A health department representative will visit you as often as needed for your condition and to determine that isolation/confinement is being maintained. [Administrative rule HFS. 145.09(9).]

This order is effective for at least 72 hours as of this date, _____. Court-ordered confinement proceedings under Wisconsin statutes have been initiated that will extend your confinement beyond 72 hours until you are no longer in need of confinement. Any violation of this order will result in further prompt legal action. This confinement order remains in effect until you are officially notified of your release from confinement.

	Date ____/____/____	
	Health Officer Signature	Month/Day/Year
Signature acknowledges receipt of the original order: _____	Date ____/____/____	
	Client's Signature	Month/Day/Year
Witness to service of confinement order: _____	Date ____/____/____	
	Witness Signature	Month/Day/Year
Served by: _____	Date ____/____/____	
	Signature	Month/Day/Year

[Circle one: a.) Health Officer form b.) Client form]

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Sample Form 4 - SAMPLE HEALTH OFFICER PETITION FOR COURT-ORDERED CONFINEMENT

I, _____, Health Officer for _____, do hereby
Health Officer Name City/County
petition the court for a court-ordered placement of _____ to
Client's Name Date of Birth

(Name & Location of Requested Placement)

I have medical verification that _____
Client's Name Date of Birth

(has or is suspected to have) (choose one and also choose all that apply in documenting the person's condition, do not leave anything blank, do not include any information not confirmed.)

(infectious tuberculosis, or latent tuberculosis infection and is at very high risk of developing infectious tuberculosis, or tuberculosis that is resistant to the medication prescribed and/or is refusing treatment for tuberculosis). [Provide supporting documentation of all information.]

I ordered _____ into isolation/airborne precautions/confinement
Client's Name
at _____

(Name & location previously ordered)

(choose one or more) on ____/____/____ with an original order, to protect the general public
Month Day Year

from exposure to infectious tuberculosis while he/she was undergoing treatment. Despite this order, _____ has failed to comply with the necessary

Client's Name

isolation/confinement/treatment as evidenced by the following:

[List violations committed by the person **or** what he/she refused to do, including specific dates and why this is/was a threat to the public health. This will be unique for each situation. **Provide copies of each document for the court.**]

The efforts we have made include [list efforts done to try to achieve compliance], however Mr./Mrs./Ms. _____ has been non-compliant with each of these efforts and continues to be a threat to himself/herself and to the health of the public. All available means of trying to achieve compliance have been exhausted and no less restrictive alternative exists.

As local health officer of _____ I petition the court to order the above
City/County
named individual confined to _____ to

Name & location of requested placement

protect the health of the public due to the evidence presented above and documented in the attachments. This location will accept him/her and the location is adequate to protect the health of the community. If another location becomes available that is more suitable to his/her care that still allows for the protection of the health of the public, he/she will be moved there without return to the court.

This person will need confinement until the medical and/or laboratory evidence confirms that he/she is no longer a threat to public health. At that time, in concurrence with the treating physician, I will release him/her from confinement if there is assurance of adherence to medically indicated treatment.

If confinement is required for more than six (6) months, this case will be brought back for review by the court every six (6) months.

Signed on this _____ day of _____, _____
Date Month Year Health Officer Signature City/County

Confinement Preparedness & Implementation

Sample Form 5 SAMPLE WRITTEN NOTICE OF HEARING

To: (Individual's Name, Address and Date of Birth)

I, _____, Health Officer for _____, do hereby notify
(Local Health Officer) (City/County)
you that a hearing is scheduled on _____, _____, _____ at
Day Month Date Year
_____ Court at _____
Name of Court Entity Street Address of Court
in the (city/town) of _____, County of _____.
Name of City or Town County

This hearing is to deal with the issues surrounding your [suspected infectious tuberculosis, or infectious tuberculosis, or tuberculosis infection for which you are refusing treatment] (*choose one*). Confinement is mandatory in order to protect other persons from becoming infected with tuberculosis until your medical condition indicates that you are no longer a risk to the health of the public.

Unless good cause is shown, this hearing may be conducted by telephone or live audiovisual means if that is available. As the person subject to this hearing, you have the right to appear at this hearing. If you would like to appear in person, by telephone or by live audiovisual means, you are asked to contact me immediately at _____ so that you or your representative

Phone Number

can arrange for these accommodations with the court and/or the health department. If you appear in person, you [may/will] (*choose one according to infectious status*) need to take measures to prevent the transmission of your [suspected infectious tuberculosis, infectious tuberculosis or untreated tuberculosis] (*choose one*). Please contact the health department at _____ for instructions, including the possibility of wearing a special mask over

Phone Number

your nose and mouth. If you need any accommodation, please inform the health department of your needs right away.

You also have the right at the hearing to present evidence and cross-examine witnesses and the right to be represented by counsel. The court shall assure that you have counsel. If you cannot afford counsel, you have the right to have an attorney appointed to serve as your counsel. If you want a court appointed attorney, please call _____ immediately to arrange for representation.

Phone Number

(Optional language if the person is a child – eliminate for adults)

[If the person named above is a child, the court shall refer the child to the state public defender who shall appoint counsel for the child without a determination of indigence.]

(Optional language if the health officer and court agree:)

If the health officer responsible for your condition, in concurrence with your treating physician during your confinement determines that another setting more beneficial for your care is available that still provides for the protection of the health of the public, you may be moved to that location without returning to the court for additional permission.

If confinement is needed for more than six months, the court will reconvene on your case every six months. If you are confined by this court action, you have a right to appeal this action as a matter of right and the appeal will be heard within 30 days after it is filed with the court. During the appeal process, you must comply with the court determination pending the outcome of your appeal; the appeal does not stay the order.

Signed on this _____ day of _____, _____
Date Month Year Health Officer, _____ (city/county)

Confinement Preparedness & Implementation

Sample Form 6 – Court Confinement Order [Each local health department will need to work with their legal counsel or district attorney in what to prepare for the court – this is suggested language – choose corporate counsel or district attorney as appropriate for the local health department. **The court must be provided with all supporting documentation, including supporting medical diagnosis and information that has been signed by a physician.**]

State of Wisconsin Circuit Court _____ County

In the Interest of _____
Client's Name Date of Birth

Case No. _____

ORDER

WHEREAS, the above matter having come on for hearing on _____
Month/Day/Year
on the petitioner's motion seeking an order to enforce and extend the confinement order dated _____
as issued by the _____ Health Officer;
Month/Day/Year City/County

WHEREAS, the petitioner, _____ having appeared in
Health Officer Name
person and/or by the _____ [County Corporation Counsel's office or
City/County

District Attorney's office,] (select one) and the respondent, _____,
Client's Name
having appeared by attorney; (if appropriate)

WHEREAS, the court having heard testimony relative to the allegations in the petition;

WHEREAS, the court having found a violation of section 252.07 (9) of the Wisconsin Statutes;

NOW, THEREFORE, IT IS HEREBY ORDERED, as follows: *(Select the actions below that are desired of the court according to the circumstances of the client and the public health need; eliminate language areas that do not apply.)*

> That _____ is ordered confined to
Clients' Name Date of Birth

_____ Name and Address of Location
until such time as his/her tuberculosis is no longer considered a public health risk by the local Health Officer in concurrence with the treating physician;

> That in lieu of being admitted to _____
(Potential institution & address)

_____ may remain in residence at
Client's Name

_____ Name & Address of location

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or be transferred to another appropriate location at the discretion of the Health Officer and the treating physician without return to court, as long as he/she abides by the terms and conditions set forth in the Health Officer's order of isolation/confinement dated

_____, a copy of which is attached hereto as exhibit A;

Month Day Year

- > That in the event that the Health Officer, or designee discovers any violation of said order, or has good cause to believe that the person may leave the institution or location in violation of a court order, the administrative officer shall use any legal means to restrain the person from leaving. He/she shall file an affidavit forthwith with the court, along with an order for transport directing that _____ be transported by

Client's Name

the proper authorities to _____ and remain there

Institution's Name & Address,

for such time as the local health officer, in concurrence with the treating physician, determines that _____ has completed treatment or is no longer a substantial

Client's Name

threat to himself or herself or to the health of the public;

- > That in the event that confinement is required for longer than six (6) months, the court must review the confinement every six months, facilitated by the health officer;

- > That in the event that an affidavit identifying violations of the order is filed and an order to transport is issued, copies shall be served upon the respondent, _____,

Client's Name

the respondent's attorney, _____, if represented, who may file an

Attorney's Name

application of judicial review of the allegations set forth in the Health Officer's affidavit. Dated at _____ Wisconsin, this _____, day of _____,

City/County

Date

Month

Year

BY THE COURT,

Circuit Court Judge

Confinement Preparedness & Implementation

Sample Form 7 -- Notification to Individual of Release from Confinement

(Suggested language, may place on health department stationery.)

To: (Individual's name, address; date of birth; include court case number if applicable)

I, _____, Health Officer of _____ have been informed,
Health Officer Name City/County
and have medical verification that your condition is no longer a risk to the health of the public.

In consideration of this recent medical information, I am releasing you from the
isolation/confinement order issued on _____.
Month Day Year

[Choose one or more of the following options as appropriate for client:]

- > The diagnosis of tuberculosis has been eliminated and you are now able to follow up with your chosen health care provider for your further health care needs
- > You are free to move about the community and/or return to your home
- > Your attorney _____, your physician _____
Attorney's Name Physician's Name
and/or the administrative staff of _____ will be
Institution's Name if appropriate, eliminate if none involved
informed of your release.
- > You are free to be discharged from _____, with your physician's order.
Institution's Name if appropriate
- > Your need for completion of therapy is critical in order to kill all of the tuberculosis germs residing in your body so that you do not become infectious. You will receive continuing public health care for an extended period until all organisms are likely to have been killed. The public health nurse will continue to meet with you to monitor and discuss your continued therapy (*add "with directly observed therapy", if DOT is the plan*) and answer any questions you may have.
- > Please notify the Public Health Department in advance, at _____, or your
Phone Number
public health nurse if you plan to move while you are under treatment so that public health follow up in your new location can be arranged.

Please feel free to contact us with any public health questions you may have and thank you for allowing us to work with you for the betterment of your health.

Health Officer Signature Date: ____/____/____
Month Day Year

I acknowledge receipt of original order of release and agree with the follow-up described above.

Client's Signature Date: ____/____/____
Month Day Year

I witnessed issuance of release: _____ Date: ____/____/____
Witness Signature (at discretion of PHD & client) Month/Day/Year

Served by: _____ Date: ____/____/____
Public Health Department Signature Month/Day/Year

[Circle one: a.) Health Officer form b.) Client form]